RI State Action Plan for an Integrated COD System of Care—Revision 2

PRIORITY ONE: Strengthen and expand the Behavioral Healthcare system's ability to provide recovery-based, high quality Behavioral Healthcare.						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 1.1 Foster collaboration among key stakeholders in order to provide a coordinated system of recovery-based, high quality behavioral healthcare	Action 1.1.1 Identify the key stakeholders at the state and local level to be involved in workgroups that assist in the development and refinement of the state plan.	OHHS (Manager to be determined)	OHHS	List of names.	Meeting to discuss stakeholders	July 2006
	Action 1.1.2 Establish mechanisms to work on the COD plan.	OHHS (Manager to be determined)	OHHS	1. Commitment to collaborate with the Gov's Council on BH 2. Commitment to establish a strategic planning committee 3. Commitment to establish liaisons between the two groups	1. Identify a workgroup structure – how to work with different stakeholders 2. Invite those identified in 1.1.1 to sit on workgroups.	July 2006
	Action 1.1.3 Establish a relationship with the Governor's Council on BH.	C. Williams	C. Roy	Adopt / recognize the COD plan as a priority for the council. Create a COD advisory board on the Governor's Council.	1. Get approval from the Gov's Council to have the plan as a topic on the agenda as a regular item 2. Ask the Governor's Council to designate a strategic planning committee for the COD plan.	July 2006
	Action 1.1.4 Convene a strategic planning committee to work on the state action plan.	C. Williams G. Nadeau	COD planning team	Kick-off conference in 2006. Exploration of potential follow-up, conference in 2007. Workshop on def. of integrated care.	1. Establish the workgroup 2. Create an agenda for the group 3. Have a meeting 4. Plan the kick-off conference	September – October 2006
	Action 1.1.5 Use the strategic planning committee to explore the integration & coordination of prevention services in the COD system of care.	COD planning team	B. Amodei	Develop a list of recommendations to Gov's council and OHHS	1. Establish as an agenda item 2. Meet to discuss	December 2006
	Action 1.1.6 Collaborate with the Allied Advocacy Group and American Society of Addiction Medicine RI Chapter to coordinate/align the COD action plan with primary health care.	M. Fine ASAM RI Chapter	C. Roy N. Corkery	1. Written report on AAG SAMHSA grant activities 2. Ability to send clear message re: Integrated care to BH providers and PCPs	1. Have an initial meeting 2. Establish a collaborative process	December 2006

	Action 1.1.7 Coordinate the various physician's initiative efforts throughout the state.	OHHS (Manager to be determined)	AAG COD planning team	Recruitment of physicians to participate in a coordinated effort as determined by outcomes of 1.4.7 & meetings	Follow-up to 1.4.7; have meetings between appropriate parties	October 2007

Strategy 1.2 Conduct an environmental scan to inform the design of a system of behavioral healthcare based upon innovative and evidence- and/or consensus-based practices.	Action 1.2.1 Establish a mechanism to identify unmet needs by population.	C. Williams	K. Quinlan R. Boss T. Martin	Self report by agency of unmet needs of populations and prioritize by available funding/resources.	1. Convene workgroup 2. Set up a meeting schedule 3. Develop a paper/survey 4. Explore administration to a community sample	August 2006
	Action 1.2.2 Conduct a comprehensive survey of integrated care in RI.	C. Williams	K. Quinlan	1. Able to establish who provides integrated tx & if EBP 2. Establish foundation for a pilot program (see 1.3.1) 3. Attempt to establish a common language	Identify: barriers to COD tx access; definitions/ common language; current methodologies and interventions in use; cost; clients served; services issues; gaps.	1.November 2006 2.December 2007
	Action 1.2.3 Conduct an inventory of existing prevention services at the state and local levels.	C. Williams	K. Quinlan B. Amodei	1. Establish priority populations 2. Determine unmet needs 3. Coordinate provision of services at local level 4. coordinate prev. planning at state level	1. Conduct annual assessment 2. analyze and report 3. disseminate findings	November 2006
	Action 1.2.4 Analysis of SA population to identify public program coverage barriers.	R. Boss	L. Dorsey K. Harris K. Quinlan Councils SA providers	Report on existing coverage barriers & recommendations for improvement.	Identification of gaps in services. Identification of specific populations in need.	February 2007
	Action 1.2.5 Identify applicable evidence-based practices for COD tx and disseminate to providers. COCE recommended that we add in an action step where providers adopt best practices.	C. Williams	J. Therien C. Roy	1. Briefing paper on COD best practices 2. Dissemination of briefing paper to RI providers.	Review TIP 42, COD implementation resource kit; relevant research; Seek TA from COCE	December 2006

	Action 1.2.6 Collaborate with providers to implement new services or enhance current services to meet identified needs.	TBD	TBD	1. Implementation of EBP to meet identified needs (using a pilot project). 2. Preparation of a report evaluating the processes and outcomes of the pilot project.	Offer TA to providers on selecting, implementing and evaluating EBP.	June 2007
Strategy 1.3 Develop & implement a statewide process to provide a coordinated system of prevention and recovery-based, high quality behavioral healthcare	Action 1.3.1 Develop a pilot program with population TBD (using the quadrant model & environmental scan) to produce desired outcomes.	R. Sabo RI CARES	TBD, would include consumers and consumer advocates.	See 1.4.6, 1.5.4 for details.	Follow-up to 1.4.6, 1.5.4; convene workgroup (including consumers and consumer advocates) to plan for implementation & evaluation.	March 2008
	Action 1.3.2 Expand behavioral health promotion & prevention services to cover the lifespan using the RI SPF SIG strategic plan as a guideline.	C. Williams	B. Amodei	Prepare recommendations for Gov's Council.	1. Utilize findings from environmental scan 1.2.3 2. Workgroup meetings to link findings with proposed services	March 2008
	Action 1.3.3 Explore possible extension/expansion of successful RI initiatives: Partnership Programs (e.g., CODAC – Methadone; Pjx Link – Pregnant Women); MTT; Drug Court (gap – cannot refer for MH)	C. Stenning	TBD	Prepare report and recommendations for Gov's Council	1. Review site reports and outcomes 2. establish a workgroup to address the topic	March 2008

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	Action 1.3.4 Dialogue re: enhancing COD services for prisoner reentry in collaboration with Criminal Justice.	OHHS (Manager to be determined)	F. Friedman T. Martin B. Boss	1.Awareness of existing population & able to refer to appropriate COD provider for follow up 2. For Criminal Justice establish liaison to this system for better discharge planning 3. For assisted living establish appropriate staffing to provide for clients living in these facilities 4. identify financial incentives for expanding training for ex-offender reentry	1. Work w/Ann Martino from secretariat's office to develop understanding of clients' presently in assisted living 2. F/u with F. Friedman & recent Crim. Justice conf. & recommendations from that meeting	1.June 2007 2.December 2006
	Action 1.3.5 Continue monitoring integrated BH licensing standards to refine when indicated. (note: RIACT teams are required to provide co-occurring capacity)	T. Martin	TBD	Establish if present providers are meeting licensing standards, therefore high quality of recovery- based services.	1. Establish through first year of audits; 2. field-test a licensing audit	May 2007
	Action 1.3.6 Define standards/ certification for designation as a recognized COD agency.	G. Nadeau	T. Martin B. Boss	Introduce standards based on experiences from 1.2.2, 1.3.1-1.3.3 to 15% of provider base per month until 100% is achieved.	1. Workgroup meeting to determine position of DBH on the matter 2. Explore possible revision of standards based on experiences with 1.4.6 & 1.5.4.	June 2009
Strategy 1.4 Identify screening and assessment measures to streamline the COD identification, referral and intake process for children and youth.	Action 1.4.1 Standardize the early identification process for children and youth.	COD planning team (Manager to be determined)	T. Martin B. Boss B. Amodei DCYF Children's Cabinet	Adoption / Implementation of a standardized process and training of workforce. (Introduce to 15% of provider base per month until 100% is achieved).	1. Review findings from other states 2. Stakeholder meeting to review info/lit/best practices 3. Utilize the resources of Medicaid EPSDT program where applicable.	1. September 2006 2. January 2007
	Action 1.4.2 Explore the linkage of prevention and treatment according to the IOM continuum of care in an integrated COD system of care.	COD planning team (Manager to be determined)	T. Martin B. Boss B. Amodei	Early identification and referral standards in prev specialist training.	Identification of various "doors" and services that can be better linked into a coordinated system.	August 2006

	Action 1.4.3 Identify or develop a system-wide universal screening tool by population/setting for children and youth.	COD planning team (Manager to be determined)	T. Martin B. Boss B. Amodei DCYF Children's Cabinet	Adoption / Implementation of standardized measures and training of workforce.	1. Review findings from other states 2. Adopt a tool 3. Train providers on tool 4. Distribute/ disseminate tool	September 2006
	Action 1.4.4 Streamline and standardize the referral process for settings dealing with children and youth.	COD planning team (Manager to be determined)	T. Martin B. Boss B. Amodei DCYF Children's Cabinet	Adoption / Implementation of a standardized process and training of workforce.	Review of findings from other states.	September 2006
	Action 1.4.5 Identify or develop a system-wide universal assessment for children and youth.	COD planning team (Manager to be determined)	T. Martin B. Boss B. Amodei DCYF Children's Cabinet	Adoption / Implementation of standardized measures and training of workforce.	Review of findings from other states.	September 2006
	Action 1.4.6 Pilot the new system (processes and measures) for children and youth.	COD planning team (Manager to be determined)	Site specific	Implementation of pilot. Evaluation & reporting on pilot.	Identify sites; draft contracts; establish monitoring protocols; award contracts	March 2007 June 2008
	Action 1.4.7 Expand on physicians initiatives	COD planning team (Manager to be determined)	Dr. Femano S.K. & Narragansett TF	Pilot screening tool and evaluation	1. Identify screening tool 2. Explore funding opportunities for a pilot and an evaluation	October 2006
	Action 1.4.8 Identify the gaps in services for youth transitioning to the adult tx system (Note: some services for children are not available for adults).	COD planning team (Manager to be determined)	DCYF DBH	Establish a report of the service gaps and present to the Gov's Council	Create a workgroup, set the agenda, convene a meeting	September 2006
Strategy 1.5 Identify screening and assessment measures to streamline the COD identification, referral and intake process for adults and the elderly.	Action 1.5.1 Identify or develop a system-wide universal screening tool by population/setting for adults and the elderly.	COD planning team (Manager to be determined)	T. Martin B. Boss	Adoption / Implementation of standardized measures and training of workforce.	1. Review of findings from other states 2. Adopt a tool 3. Train providers on tool 4. Distribute/ disseminate tool	September 2006
	Action 1.5.2 Streamline and standardize the referral process for settings dealing with adults and the elderly.	COD planning team (Manager to be determined)	T. Martin B. Boss	Adoption / Implementation of a standardized process and training of workforce.	Review of findings from other states.	September 2006
	Action 1.5.3 Identify or develop a system-wide universal assessment for adults and the elderly.	COD planning team (Manager to be determined)	T. Martin B. Boss	Adoption / Implementation of standardized measures and training of workforce.	Review of findings from other states.	September 2006

	Action 1.5.4 Pilot the new system (processes and measures) for adults and the elderly.	COD planning team (Manager to be determined)	Site specific	Implementation of pilot. Evaluation & reporting on pilot.	Identify sites; draft contracts; establish monitoring protocols; award contracts	March 2007 June 2008
Strategy 1.6 Explore a social marketing approach to incorporate consumer perspectives and promote the improved integrated COD system of care	Action 1.6.1 Development of a document that describes the proposed state plan including a communication plan.	OHHS (Manager to be determined)	TBD	Draft report / paper	Establish a workgroup; set the agenda; have meetings to discuss topic.	November 2006
	Action 1.6.2 Implement ongoing consumer focus groups to discuss the new COD system of care.	TBD C. Roy ?	L. Dorsey C. Blake, RICARES A. Pierre, MHCA/Oasis MDDA of RI NAMI RI Alive Peer Center	Convene consumer/family stakeholder groups in all catchment areas of the state, determine interest/feasibility of recurring focus groups/consumer-family advisory panel	Establish a workgroup/Executive Committee	December 2006
	Action 1.6.3 Implement ongoing focus groups to discuss the new COD system of care and health disparities in access and treatment.	Gov's Council	TBD	Identify method/mechanism to conduct focus groups	Establish a workgroup; set the agenda; have meetings to discuss topic.	December 2007
	Action 1.6.4 Explore the feasibility of a media campaign to promote the new COD system of care.	B. Amodei	TBD	Decision to move forward with a media campaign or not.	Establish a workgroup; Identify strategies and outlets for dissemination of information; Identify the focus of the messages and the audience	December 2008

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PRIORITY TWO: Develop approaches to provide appropriate financial support to serve persons with COD in public & private sectors.						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.1 Enhance the data infrastructure to capture information related to COD rates and services.	Action 2.1.1 Merge the SA and MH client data sets at MHRH with appropriate refinement for NOMS using the DIG.	S. Morris C. Roy	S. Morris C. Roy J. Therien N. Wood G. Meisner	1. Better tracking of clients receiving COD tx 2. Better monitoring of COD programs 3. Better tx of COD clients.	1. Complete front end collection tool 2. Complete back-end storage capabilities 3. Test system with providers 4. Revise tools as needed 5. Full implementation	March 2007
	Action 2.1.2 Develop detailed descriptives of COD clients served.	~~J. Murray~~ Manager to be determined	S. Dean N. Wood		Establishment of GIS map of services across the state.	TBD
	Action 2.1.3 Access the SPF SIG State Epi Workgroup R&P factor profiles for each RI municipality.	C. Williams	S. Dean N. Wood K. Quinlan	Better, more targeted RFP process – focus on areas of need	Establish GIS map to determine needs by community	TBD
	Action 2.1.4 Explore with CMHCs expansion of event/encounter data sets.	R. Tremper	N. Wood C. Roy		Develop a COD data set that looks like SA.	TBD
	Action 2.1.5 Refine PBPS to establish support for prevention of COD.	C. Williams	B. Amodei S. Dean	Revision of system and training.	Workgroup meetings of Prevention & Planning Unit	October 2007
	Action 2.1.6 Explore access to data sets from criminal justice and hospitals to capture information re: individuals not receiving COD services.	COD planning team (Manager to be determined)	TBD		(Refer to Gov Initiative on prisoner reentry)	TBD
	Action 2.1.7 Explore the integration of data sets across the different state departments.	OHHS (Manager to be determined)	TBD	Report to OHHS with recommended crosswalk of data systems	Convene workgroup to review current data systems and to review projected cost of data integration.	TBD
	Action 2.1.8 Where feasible, integrate data sets across different state departments.	OHHS (Manager to be determined)	TBD			
Strategy 2.2 Analyze data to provide	Action 2.2.1 Analyze and report data on utilization and expenditures across agencies for BH, Medicaid, and non-Medicaid. (SHAPE,RITECARE)	R. Tremper F. Spinelli	TBD	Prepare a report/presentation to Gov's Council	Refer to strategy 2.1	TBD

knowledge of the costs/benefits of providing COD services.	Action 2.2.2 Analyze epidemiological data (e.g., cost data, mortality, morbidity, suicide, etc.) to help plan prevention & COD tx priorities & policies.	S. Dean C. Stenning	TBD	Prepare summary report; dissemination to workgroup for discussion & further planning	Refer to strategy 2.1	TBD
	Action 2.2.3 Review of national/local Medicaid COD, MH and SA codes to determine possible disincentives to using the COD code.	R. Tremper F. Spinelli	TBD	Review work from Arkansas	Ask COCE for TA to contact Larry Miller to review Arkansas' work.	June 2006
	Action 2.2.4 Examine existing utilization, rates, and rate methodology in an attempt to guide service development by modifying Medicaid rates.	R. Tremper	TBD		Ask COCE for TA	TBD
	Action 2.2.5 Explore impact of Medicare Part D on CMAP with possible reallocation to be used for funding financial incentives.	R. Tremper	TBD		Receive document	June 2006
Strategy 2.3 Explore financial incentives which enhance access, quality, and capacity.	Action 2.3.1 Provide the Governor's Council with appropriate data to assist in improving COD services reimbursement.	C. Roy Gov's Council DBR – Chris Kohler	C. Roy N. Wood J. Murray F. Spinelli	Movement towards parity	1. Dialogue with private insurers (UHC, BCBS, NHP) & make case for covering BH services 2. Make recommendation to Gov. re: reimbursement	May 2007
	Action 2.3.2 Explore the possibility of using changes to Medicaid fees and coverage to encourage agencies to expand services.	R. Tremper F. Spinelli	TBD		Dialogue re: expanding CM services for people with COD needs.	TBD
	Action 2.3.3 Incorporate COD Tx into contracts for dual eligibles with Medicare special needs plans.	F. Spinelli ~~J. Murray~~	TBD			TBD
	Action 2.3.4 Examine state employee benefits for possible leverage of COD Tx in BH coverage.	Gov's Council	State Employee Benefits	Status report with recommendations given to Gov's Council	Workgroup is convened to review benefits.	TBD
	Action 2.3.5 Explore the creation of a braided funding system that allows client to move seamlessly through a continuum of care for COD.	R. Baccus	TBD	Report & recommendations to OHHS, Gov's Council, MHRH, and DCYF.	Workgroup review of block grants.	March 2008
	Action 2.3.7 Explore funding to sustain and expand prev. programs from the SIG and Sci-based Grant that have demonstrated significant positive outcomes for youth.	C. Williams	B. Amodei D. Francis	Compilation of available funding opportunities	Review federal notices and foundation RFPs	Ongoing

	Action 2.3.8 Explore funding opportunities including federal and foundation grants.	C. Stenning	TBD	Decision whether to assign staff to pursue funding	Develop list of funding opps related to action plan.	Ongoing

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PRIORITY THREE: Develop qualified workforce to meet the unique treatment and prevention needs of every individual with Co-Occurring disorders.						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 3.1 Assess the state's treatment provider workforce needs in terms of core competencies to fully staff the COD systems.	Action 3.1.1 Create a workgroup to identify all issues and resource material related to core competencies (including cultural competencies) required for an integrated COD system of care. (Note: ICRC certification for COD core competencies may exist)	OHHS (Manager to be determined)	S. Turner ~~J. Taylor~~ P. Mendoza J. Rylands	Identification of the competencies. Drafting of a measure.	Identification & convening of stakeholders; establish meetings & an agenda; receive TA through COCE to implement workgroup & review lessons learned from other states	December 2006
	Action 3.1.2 Use the workgroup to comprehensively assess all HR data from the DBH to assess current provider core competencies and link to needed educational component.	R. Tremper	N. Wood R. Sabo J. McNulty S. Turner ~~J. Taylor~~ Prof. Guilds	Development/ Implementation of Core Competency Curricula	Review findings from other states, crosswalk with RI data, determine gaps, strengths; determine if providers have the identified competencies	February 2007
Strategy 3.2 Increase workforce capacity through collaboration and education.	Action 3.2.1 Clarification of current individual practitioner certification & licensing standards in collaboration with DOH	OHHS (Manager to be determined)	DBH COD licensing team DOH TBH	Report outlining certifications & licenses including bodies w/oversight	1. Establish a workgroup 2. Create an agenda 3. Have a meeting.	January 2007
	Action 3.2.2 Collaborate with DOH & other credentialing bodies to determine the feasibility of a certification/license for individuals providing COD services	M. Ann Miller T. Martin	DBH COD licensing team DOH TBD	Make a yes/no decision to proceed.	1. Establish a workgroup 2. Create an agenda based on 3.2.1; 3 3. Have a meeting.	February 2007
	Action 3.2.3 Development of standards for an individual practitioner COD certification and license	DBH COD licensing team	DOH DBH COD licensing team TBD	Draft of practice standards.	Contingent on 3.2.2	February 2007
	Action 3.2.4 Collaborate with institutions of higher education to enhance related curricula.	OHHS (Manager to be determined)	DOHE URI RIC M. Keller P. Kennedy J. Eisen,	Center for Excellence in Behavioral Health	Obtain funding for initial research projects through NIH, private sources; meet with field-related higher ed depts. to discuss courses/curriculum on BH and COD tx.	March 2007

	Action 3.2.5 Collaborate with BH professional trade associations to develop front-line staff training.	Manager to be determined	S. Turner ~~J. Taylor~~ ATTC	Development of a prev & tx BH COD training curriculum.	Seek TA from Dr. Stan Sacks of COCE, who is currently working on the development of a SAMHSA-funded training curriculum based on TIP 42. Convene a meeting, Review existing curricula; outline the necessary elements of the curriculum; set an agenda and timeline.	February, 2008
	Action 3.2.6 Enhance the ability of the primary care provider to identify Dx and make appropriate referrals.	AAG C. Roy	C. Roy	PCPs will use BH screening or assessment tools	1. Discuss issue as part of regular AAG meetings—present ex. of assessment tools to AAG 2. Report on study data from SAMHSA grant	December 2007
Strategy 3.3 Increase workforce recruitment and retention through collaboration and financial incentives.	Action 3.3.1 Explore the opportunity of using natural helpers and peer specialists.	Manager to be determined	R. Tremper T. Mack	Review SAMHSA Toolkit for Peer Specialists, Certification process, work with consumer support/advocacy groups to develop TA from Georgia, S. Carolina (?)	Speak w/Dianne Ritchie at Brown Univ. on CHWs; Establish certification criteria for Peer specialists based on standards determined through literature review, other states and consensus process	January 2007
	Action 3.3.2 Explore incentives for the recruitment of bicultural and multilingual providers.	COD Planning Team (Manager to be determined)	TBD	Give a status report with recommendations for future action.	Request TA from COCE to identify other states and their solutions.	January 2007
	Action 3.3.3 Meet with Department of Labor & Training to discuss sector retention.	OHHS (Manager to be determined)	S. Turner ~~J. Taylor~~ DLT	Status report to Gov's Council summarizing discussion.	Schedule and convene a meeting w/follow-up meetings as necessary.	January 2007

[1] The Manager is the individual responsible for coordinating each action.

[2] The Implementer is the individual (or entity) responsible for carrying-out each action.

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To be considered for incorporation into the plan:
SSI/SSDI outreach; Medicaid (EPSDT, SCHIP); Child & Family Reunification (DCYF); Addressing gaps in treatment services (levels of care) for children and youth (DCYF); contact Frank Spinelli to help clarify strategy 2.2; 462-1892

List of Manager and Implementer Names and Title

AAG	Allied Advocacy Group
Alive Peer Center	Consumer run drop-in and support center for mental health and substance abuse consumer
Amodei, Brenda	Sr. Public Health Promotion Specialist, Prev. & Planning, DBH
ATTC	Addiction Technology Transfer Center at the Center for Alcohol and Addiction Studies
Baccus, Rick	Administrator, Finance & Contract Management, DBH
Blake, Christine	
Boss, Rebecca	Administrator, SAT Services, DBH
Corkery, Neil	CEO of DATA of RI (Drug and Alcohol Treatment Assoc. of RI
DATA	Drug and Alcohol Treatment Assoc. of RI: professional association of SA treatment providers
DBH	Division of Behavioral Healthcare Services
DCYF	RI Dept. of Children, Youth and Families
DEA	RI Dept. of Elderly Affairs
Dean, Steven	Fiscal Management Officer, DBH
DHS	Department of Human Services, state Medicaid authority
DLT	RI Dept. of Labor and Training
DOH	RI Dept. of Health
DOHE	RI Dept. of Higher Education
Dorsey, Lori	Sr. Public Health Promotion Specialist, SAT Services, DBH
Eisen, Jane	M.D. Dept. of Psychiatry, Brown Medical School, acting chair
Fine, Michael	M.D., Ph. D., chair Allied Advocacy Group, SAMHSA Grantee re: integration of Primary Care and Behavioral Health
Francis, David	Sr. Public Health Promotion Specialist, Prev. & Planning, DBH
Friedman, Fred	Ed. D., Director of Behavior Healthcare Services, RI Dept. of Corrections
Harris, Kim	Sr. Public Health Promotion Specialist, Prev. & Planning, DBH
Keller, Martin	M.D. Dept. of Psychiatry, Brown Medical School, Chair of Dept. of Psychiatry and Human Behavior
Kennedy, Patrick	Member of Congress, RI Dist. 1, US House of Representatives
Kohler, Chris	Director, Office of Health Insurance
Mack, T.	Director, Peer Specialist Program, MHCA Oasis

~~McNulty, James~~	~~Chief, Office of Consumer and Family Affairs, DBH~~
MHCA/Oasis	MH Consumers Association/Oasis drop-in center. Peer run drop-in and advocacy center, operates Peer Specialist program
Meisner, Gail	Analyst, Data and Compliance Unit, DBH
Mendoza, Peter	SA Clinician, member of Governor's Council, representative of Hispanic populations
Miller, Mary Ann	Liaison to MHRH from RI Department of Health
Morris, Steven	Sr. Public Health Promotion Specialist, Research, Data & Compliance Unit, DBH
~~Murray, John~~	~~Assistant Director, Finance & Contract Management~~
Nadeau, Gene	Acting Associate Director, DBH
NAMI of RI	Family advocacy and support
OHHS	Secretariat, Office of Health and Human Services
PBPS	Performance-based Prevention System (MIS)
Pierre, A.	CEO, MHCA/Oasis consumer run drop-in and advocacy center
Quinlan, Kristen	Programming Services Officer, Prev. & Planning, DBH
RIC	Rhode Island College
RICARES	Substance abuse clients organization for advocacy and support
RICCMHO	Rhode Island Council of Community Behavioral Organizations: Professional organization for Community Mental Health agencies
Roy, Corinna	Sr. Public Health Promotion Specialist, Prev. & Planning, DBH
Rylands, Johanna	Administrator, RI Certification Board
Sabo, Richard	Habilitative Services Manager, MH Program Monitoring Unit, DBH
Spinelli, Frank	Administrator, Center for Adult Health, DHS (State Medicaid authority)
Stenning, Craig	Executive Director, DBH
~~Taylor, Judy~~	~~Education Director, DATA of RI~~
Therien, Jocelyn	Analyst, Research and Compliance Unit, DBH
Tremper, Ron	Administrator, Research, Data & Compliance Unit, DBH
Turner, Susan	Director of Education, Rhode Island Council of Community Mental Health Organizations
URI	University of Rhode Island
Williams, Charles	Administrator, Prevention & Planning Unit, DBH

Martin, Tom	Administrator, MH Program Monitoring Unit, DBH
MDDA of RI	Manic Depressive & Depressive Assoc of RI, Advocacy and support for persons with COD and SMI

Wood, Noelle	Project Manager, Research, Data & Compliance Unit, DBH

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PRIORITY 1: Strengthen and expand the Behavioral Healthcare system's ability to provide recovery-based, high quality Behavioral Healthcare.

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

PRIORITY 2: Develop approaches to provide appropriate financial support to serve persons with COD in public & private sectors.

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

PRIORITY 3: Develop qualified workforce to meet the unique treatment and prevention needs of every individual with Co-Occurring disorders.

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)